

QUARTERLY SERVICES SURVEY

| QSS-1E (10 | 18-2012) | | |
|---|----------|----------------------------------|---------------------------|
| Due Date | | | |
| Need help or have questions? | | | |
| Call 1-800-772-7851 (8:30 a.m 5:00 p.m. ET, M-F) | | | |
| YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Under the same law, information that you report cannot be used for taxation, regulation, or investigation and are exempt from release under the Freedom of Information Act. Further, copies of your response retained in your files are immune from legal process. | | (Please correct any errors in na | ma address and ZIR Code) |
| Return via Internet: | | Return via Fax: | To view Survey Results: |
| econhelp.census.gov/qss | | 1-800-447-4613 | census.gov/services |
| Username: | | | |
| Password: | | | |

GENERAL INSTRUCTIONS

Throughout this survey, any reference to **"this firm"** is referring to the EIN that is printed in the mailing address area or the new EIN that was provided as a response in **2**. Any responses related to "this firm" should only include data for the EIN referenced.

- Any significant change in this firm's operations should be noted in 3
- For establishments sold or acquired during the quarter(s), report data only for the period the establishments were operated by this firm
- Estimates are acceptable if book figures are not available
- Enter "0" where applicable
- Report data on an accrual basis
- Dollars should be rounded to the nearest dollar
- If a figure is \$1,030,280,456 it should be reported as -

| | Bil. | Mil. | Thou. | Dol. | | |
|----------|------|------|-------|------|--|--|
| → | 1 | 030 | 280 | 456 | | |

Include:

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operated by this firm
- Data for auxiliary facilities primarily engaged in supporting services to this firm's establishment(s) such as warehouses, garages, central administrative offices, and repair services



Form QSS-1E (10-18-2012) 1 SURVEY COVERAGE Did this firm provide the business activities described below?

| Yes | | | | | | | | |
|---|--|--|--------------------------------|-----------|------------|----------|----------------|-------------------------|
| □ No - Specify | his firm's busines | s activity 7 | | | | | | |
| | | , | | | | | | |
| FEDERAL EMPLOYER | IDENTIFICATIO | N NUMBER (EIN) | | | | | | |
| Does this firm report | | | | | | | | |
| Yes | | | | | FINI /O d | ::+ - \ | | |
| □ No - Enter cu | rrent 9-digit EIN A | ND date payroll was | first | | EIN (9 d | igits) | | |
| reported | for this EIN | | | | IV | lonth | Day | Year |
| | | | | | | | | |
| | | | | | | | | |
| ORGANIZATIONAL C | HANGE | | | | | | | |
| ORGANIZATIONAL C | | isitions, sales, merç | gers, and/or di | vestiture | s in the | | | |
| | | isitions, sales, merç | gers, and/or di | vestiture | s in the | | | |
| A. Did this firm expe | rience any acqu | isitions, sales, merç | gers, and/or di | vestiture | s in the | | | |
| A. Did this firm expe | rience any acqu | onal changes occur | red in the | | | | | |
| A. Did this firm expe | rience any acqu | | red in the | | oorting pe | | | |
| A. Did this firm expe | erience any acqu | onal changes occur organizational chang | red in the | | oorting pe | eriod, e | explaiı Day | n in 3 . Year |
| A. Did this firm experience Yes No - Go to Check all that apply | wing organization. If more than one | onal changes occur | red in the | | oorting pe | | | |
| A. Did this firm experience Yes No - Go to B. Which of the follow Check all that apply Acquisition | erience any acqu owing organization of the control of the contro | onal changes occur organizational chang ganizational change | red in the ge occurred duri | | oorting pe | | | |
| A. Did this firm experiments Yes No - Go to B. Which of the follow Check all that apply Acquisition Merger | wing organization. If more than one Date of organization AND Enter detail | onal changes occur organizational chang | red in the ge occurred duri | | oorting pe | | | |
| A. Did this firm experience Yes No - Go to B. Which of the follow Check all that apply Acquisition Merger Sale | wing organization. If more than one Date of organization AND Enter detail | onal changes occur organizational chang ganizational change | red in the ge occurred duri | | oorting pe | lonth | | |
| A. Did this firm experience Yes No - Go to B. Which of the follow Check all that apply Acquisition Merger Sale Divestiture | wing organization. If more than one Date of organization AND Enter detail | onal changes occur organizational chang ganizational change | red in the ge occurred duri | | porting pe | gits) | | |
| A. Did this firm experience Yes No - Go to B. Which of the follow Check all that apply Acquisition Merger Sale Divestiture | wing organization. If more than one Date of organization Enter details | onal changes occur e organizational chang ganizational change filed information below | red in the ge occurred duri | | eorting pe | gits) | | |
| A. Did this firm experience Yes No - Go to B. Which of the follor Check all that apply Acquisition Merger Sale Divestiture Name of company | wing organization. If more than one Date of organization. Date of organization. If more than one of organization. | onal changes occur e organizational chang ganizational change filed information below | red in the ge occurred duri | | eorting pe | gits) | | |

Page 2

| 4 | REPORT | TING PERIOD | | | |
|---|---------|---|----------------|------|-------|
| | What ti | me period is covered by the data provided in this report? | | | |
| | | | Beginning Date | | |
| | | Month | Day | Year | |
| | | | | | |
| | | Other - Report beginning and ending dates | | 1 | 1 1 1 |
| | | End Date | | | |
| | | | Month | Day | Year |
| | | | | | |
| | | | | | 1 1 |

5

SALES, RECEIPTS, OR REVENUE

Firms operating on a commission basis should report commissions, fees, and other operating revenue income, not gross billings or sales.

Taxable Firms

Include:

- Total value of service contracts
- Amounts received for work subcontracted to others
- Revenue from services performed by domestic locations for foreign parent firms, subsidiaries, branches, etc.
- Market value of compensation in lieu of cash
- Franchise sales, fees, and royalties
- Sale or licensing of rights to intellectual property protected by copyright or as industrial property (e.g., patents, trademarks)

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Revenue from a domestic parent organization, or from franchise locations owned by others
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others
- Revenue from customers for carrying or other credit charges
- Commissions from vending machine operators
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions)
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets (except inventory held for resale), securities, gifts, loans, contributions, or grants
- Revenue from the sale of used equipment
- Installment payments from leasing under capital, finance, or full-payout leases
- Intracompany transfers
- Interest income
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)

Tax-exempt Firms

Include:

- Program service revenue
- Gross sales of merchandise, minus returns and allowances
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments
- Net gains (losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale)
- Gross contributions, gifts, and grants (whether or not restricted for use in operations)
- Dues and assessments from members and affiliates
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators)
- Gross receipts from fundraising activities

Exclude:

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, state, or Federal tax agency
- Gross receipts of departments or concessions operated by other companies
- Amounts transferred to operating funds from capital or reserve funds

| \$ Bil. | Mil. | Thou. | Dol. |
|---------|------|-------|------|
| | | | |
| | | | |

What was this firm's revenue in the

| Form | QSS-1E (10-18-2012) | | Page 4 |
|------|--|---|----------------|
| 6 | CLASS OF CUSTOMER | | |
| | What percentage of revenue reported in ⑤A was received customer in the | from the following classes of | Percent |
| | 1. Household consumers and individual users | | % |
| | 2. Business firms and not-for-profit organizations | | % |
| | 3. Government (Federal, state, and local) | *************************************** | 100% |
| 7 | Not Applicable. | | |
| 8 | REMARKS - Please use this space to explain any significant qua where data were estimated. | rter-to-quarter changes, to clarify responses | s, or indicate |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 9 | CONTACT INFORMATION | | |
| | Name of person to contact regarding this report (Please print) | Title | |
| | | | |

| Name of person to contact regarding this report (Please print) | | | | Title | | | | | |
|--|-----------|--------|---|-----------|-----|-----------|------------------|---|--|
| | | | | | | | | | |
| | Area code | Number | | Extension | | Area code | Area code Number | | |
| Telephone | | | - | | Fax | | | _ | |
| Website | | | | | | | | | |
| | | | | | | | | | |

THANK YOU for completing your QUARTERLY SERVICES SURVEY.

We suggest you keep a copy for your records.

Public reporting burden for this collection of voluntary information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0907, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0907" as the subject. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.